

216020540  
99374

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

|  |  |                                   |                                    |   |  |  |   |            |                 |       |       |                  |                                      |                    |            |                  |                  |             |            |
|--|--|-----------------------------------|------------------------------------|---|--|--|---|------------|-----------------|-------|-------|------------------|--------------------------------------|--------------------|------------|------------------|------------------|-------------|------------|
| 2  | Total Number of Vehicles   | Local No./ District 116           | Agency Case No. B6-044084          | HIT & RUN?<br><input type="radio"/> YES <input checked="" type="radio"/> NO   | INVESTIGATION MADE AT SCENE?<br><input checked="" type="radio"/> YES <input type="radio"/> NO                                    | L 1  |   |            |                 |       |       |                  |                                      |                    |            |                  |                  |             |            |
| A/1  | DATE OF ACCIDENT   | M M / D D / Y Y Y Y<br>05/20/2016 |                                    | S M T W TH F S<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> |  | STATE USE ONLY<br><br>05/20/2016                                       |   |            |                 |       |       |                  |                                      |                    |            |                  |                  |             |            |
| A/2  | PLACE OF ACCIDENT  | COUNTY Lancaster                  | CITY Lincoln                       | TIME OF ACCIDENT 1028   | POLICE NOTIFIED 1030   |  |   |            |                 |       |       |                  |                                      |                    |            |                  |                  |             |            |
| B  | ROAD ON WHICH ACCIDENT OCCURRED  | STREET/ HIGHWAY NO. N 27TH ST     |                                    | PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO   | ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO  |  |   |            |                 |       |       |                  |                                      |                    |            |                  |                  |             |            |
| C  | DISTANCE FROM MILEPOST   | FEET                              | N S E W OF MILEPOST                | HIGHWAY NO.   | LONGITUDE  |  |   |            |                 |       |       |                  |                                      |                    |            |                  |                  |             |            |
| D  | IF AT INTERSECTION<br>NAME OF INTERSECTING ROADWAY                       |                                   |                                    |   |  |  | IF NOT AT INTERSECTION<br>X FEET <input type="radio"/> MILES N S E W OF NEAREST STREET, BRIDGE, RAILROAD CROSSING |            |                 |       |       |                  |                                      |                    |            |                  |                  |             |            |
| V1/M   | 426.00 X ENTERPRISE DR   |                                   |                                    |   |  |  |   |            |                 |       |       |                  |                                      |                    |            |                  |                  |             |            |
| V2/M   | IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN |                                   |                                    |   |  |  |   |            |                 |       |       |                  |                                      |                    |            |                  |                  |             |            |
| E  | R. WORK ZONE CODES   | R1 R2 R3 R4                       | S. PEDESTRIAN CLASSIFICATION CODES | S1 S2 S3 S4 S5-a S5-b S6-a S6-b   | DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY?<br><input type="radio"/> YES <input checked="" type="radio"/> NO |  |   |            |                 |       |       |                  |                                      |                    |            |                  |                  |             |            |
| F  | VEHICLE NO. 1  |                                   |                                    |   |  |  |   |            |                 |       |       |                  |                                      |                    |            |                  |                  |             |            |
| V1/N   | DRIVER LICENSE NO.   | G15015958                         |                                    | STATE (Of License)  | NE   | SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE |   |            |                 |       |       |                  |                                      |                    |            |                  |                  |             |            |
| V2/N   | DRIVER   | ALBERT L MOORE                    |                                    | PHONE   | 3085300356   |  |   |            |                 |       |       |                  |                                      |                    |            |                  |                  |             |            |
| G  | DRIVER ADDRESS   | CITY, STATE, ZIP                  |                                    | DATE OF BIRTH (MM / DD / YYYY)  | 08/30/1939   |  |   |            |                 |       |       |                  |                                      |                    |            |                  |                  |             |            |
| H  | OWNER  | ALBERT L MOORE / ELVERA R MOORE   |                                    | PHONE   | 3085300356   |  |   |            |                 |       |       |                  |                                      |                    |            |                  |                  |             |            |
| I  | OWNER ADDRESS  | CITY, STATE, ZIP                  |                                    | CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO  | CITATION NO.   |  |   |            |                 |       |       |                  |                                      |                    |            |                  |                  |             |            |
| J  | LICENSE PLATE  | PA NO.                            | 15GN21                             | YEAR (Plate Expires)  | 2016   | STATE (Of Plate) NE  |   |            |                 |       |       |                  |                                      |                    |            |                  |                  |             |            |
| K  | VEHICLE  | YEAR                              | 2015                               | MAKE  | Toyota   | MODEL  | CAMRY   | BODY STYLE | 4 door Sedan    | COLOR | red   | ESTIMATED DAMAGE | <input type="radio"/> TOALED \$ 2000 |                    |            |                  |                  |             |            |
| L  | VEHICLE ID NO. (VIN)   | 4T1BD1FK1FU171302                 |                                    | INSURANCE COMPANY   |  | USAA GENERAL INDEM   |   |            |                 |       |       |                  |                                      |                    |            |                  |                  |             |            |
| M  | TOWED TO   | TOWED BY                          |                                    | POLICY NO.  |  | 02573 87 47G 7101 2  |   |            |                 |       |       |                  |                                      |                    |            |                  |                  |             |            |
| N  | VEHICLE NO. 2  |                                   |                                    |   |  |  |   |            |                 |       |       |                  |                                      |                    |            |                  |                  |             |            |
| O  | DRIVER LICENSE NO.   | H13573566                         |                                    | STATE (Of License)  | NE   | SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE |   |            |                 |       |       |                  |                                      |                    |            |                  |                  |             |            |
| P  | DRIVER   | SHANE A EWELL                     |                                    | PHONE   | 4024707479   |  |   |            |                 |       |       |                  |                                      |                    |            |                  |                  |             |            |
| Q  | DRIVER ADDRESS   | CITY, STATE, ZIP                  |                                    | DATE OF BIRTH (MM / DD / YYYY)  | 04/22/1981   |  |   |            |                 |       |       |                  |                                      |                    |            |                  |                  |             |            |
| R  | OWNER  | SHANE A EWELL                     |                                    | PHONE   | 4024707479   |  |   |            |                 |       |       |                  |                                      |                    |            |                  |                  |             |            |
| S  | OWNER ADDRESS  | CITY, STATE, ZIP                  |                                    | CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO  | CITATION NO.   |  |   |            |                 |       |       |                  |                                      |                    |            |                  |                  |             |            |
| T  | LICENSE PLATE  | PA NO.                            | 6C1943                             | YEAR (Plate Expires)  | 2016   | STATE (Of Plate) NE  |   |            |                 |       |       |                  |                                      |                    |            |                  |                  |             |            |
| U  | VEHICLE  | YEAR                              | 2005                               | MAKE  | Hyundai  | MODEL  | SANTA FE  | BODY STYLE | Compact Utility | COLOR | black | ESTIMATED DAMAGE | <input type="radio"/> TOALED \$ 1500 |                    |            |                  |                  |             |            |
| V  | VEHICLE ID NO. (VIN)   | KM8SC13D35U913254                 |                                    | INSURANCE COMPANY   |  | GEICO  |   |            |                 |       |       |                  |                                      |                    |            |                  |                  |             |            |
| W  | TOWED TO   | TOWED BY                          |                                    | POLICY NO.  |  | 4246838421   |   |            |                 |       |       |                  |                                      |                    |            |                  |                  |             |            |
| Complete this section for all injured persons<br>(Complete a continuation report, if more than three were injured) |  |                                   |                                    |   |  |  |   |            |                 |       |       |                  | DATE OF BIRTH (MM / DD / YYYY)       | 1<br>Seat Position | 2<br>Eject | 3<br>Body Region | 4<br>Injury Sev. | 5<br>Trans. | SEX<br>M F |
| VEH. # NAME ADDRESS  |  |                                   |                                    |   |  |  |   |            |                 |       |       |                  |                                      |                    |            |                  |                  |             |            |
| LOCAL NO. MEDICAL FACILITY NAME EMS SERVICE NAME   |  |                                   |                                    |   |  |  |   |            |                 |       |       |                  | EMS RUN REPORT NO.                   |                    |            |                  |                  |             |            |
| VEH. # NAME ADDRESS  |  |                                   |                                    |   |  |  |   |            |                 |       |       |                  |                                      |                    |            |                  |                  |             |            |
| LOCAL NO. MEDICAL FACILITY NAME EMS SERVICE NAME   |  |                                   |                                    |   |  |  |   |            |                 |       |       |                  | EMS RUN REPORT NO.                   |                    |            |                  |                  |             |            |
| VEH. # NAME ADDRESS  |  |                                   |                                    |   |  |  |   |            |                 |       |       |                  |                                      |                    |            |                  |                  |             |            |
| LOCAL NO. MEDICAL FACILITY NAME EMS SERVICE NAME   |  |                                   |                                    |   |  |  |   |            |                 |       |       |                  | EMS RUN REPORT NO.                   |                    |            |                  |                  |             |            |

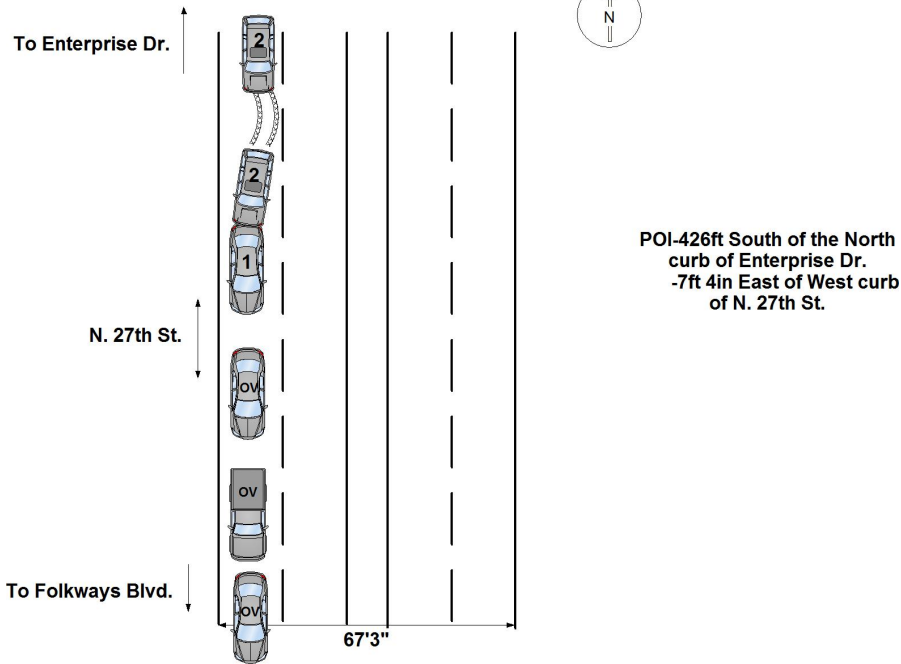
**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
**B6-044084**



Indicate  
North  
by Arrow



**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

D1 said he was SB on N. 27th St., between Enterprise and Folkways, in the outside lane, when traffic ahead of him stopped suddenly. D1 said he was able to get stopped, but was then struck from behind by V2. D2 said he was SB on N. 27th St., behind V1, with another vehicle following him very closely. D2 said when traffic stopped, he was unable to stop before striking the back end of V1.

|                  |                |            |         |         |                              |
|------------------|----------------|------------|---------|---------|------------------------------|
| <b>PROPERTY</b>  | OBJECT DAMAGED | OWNER NAME | ADDRESS | PHONE   | APPROX. COST OF DAMAGE<br>\$ |
|                  | OBJECT DAMAGED | OWNER NAME | ADDRESS | PHONE   | APPROX. COST OF DAMAGE<br>\$ |
| <b>WITNESSES</b> | NAME           |            |         | ADDRESS | PHONE                        |
|                  | NAME           |            |         | ADDRESS | PHONE                        |

| VEHICLE MOVEMENT BEFORE COLLISION                          |    |   |   | POINT OF IMPACT AND MOST DAMAGED AREA<br>(Enter numbers for each vehicle) |                               |  |                      | AIRBAG DEPLOYED VEHICLE 1   |           | RESTRAINT USE VEHICLE 1 |                   | TOTAL OCCUPANTS   |    | VEH 1 | 2 | VEH 2                               | 1 |  |
|--|----|---|---|---|-------------------------------|--|----------------------|---|-----------|-------------------------|-------------------|---|----|-------|---|-------------------------------------|---|--|
| VEH NO.  | N  | S | E | W   | ROAD OR HIGHWAY NAME          |  |                      |   |           |                         |                   |   |    |       |   |                                     |   |  |
| 1  |    | X |   |   | N 27TH ST                     |  |                      |   |           |                         |                   |   |    |       |   |                                     |   |  |
| 2  |    | X |   |   | N 27TH ST                     |  |                      |   |           |                         |                   |   |    |       |   |                                     |   |  |
| 1  | 11 |   |   |   | 06 Turning left               |  | VEHICLE 1            |   | VEHICLE 2 |                         |                   |   |    |       |   |                                     |   |  |
| 2  | 01 |   |   |   | 08 Entering traffic lane      |  | POINT OF IMPACT      |   | 05        |                         | POINT OF IMPACT   |   | 01 |       |   |                                     |   |  |
|  |    |   |   |   | 09 Leaving traffic lane       |  | MOST DAMAGED AREA    |   | 05        |                         | MOST DAMAGED AREA |   | 01 |       |   |                                     |   |  |
|  |    |   |   |   | 01 Essentially straight ahead |  | 00 None              |   | 02        |                         | 03                |   | 04 |       |   |                                     |   |  |
|  |    |   |   |   | 02 Backing                    |  | 09 Top & windows     |   | 01        |                         | 05                |   |    |       |   |                                     |   |  |
|  |    |   |   |   | 03 Changing lanes             |  | 10 Undercarriage     |   | 08        |                         | 07                |   | 06 |       |   |                                     |   |  |
|  |    |   |   |   | 04 Overtaking/Passing         |  | 11 Total (all areas) |   |           |                         |                   |   |    |       |   |                                     |   |  |
|  |    |   |   |   | 05 Turning right              |  | 12 Other             |   |           |                         |                   |   |    |       |   |                                     |   |  |
|  |    |   |   |   | 13 Unknown                    |  |                      |   |           |                         |                   |   |    |       |   |                                     |   |  |
| OFFICER NO.<br><b>840</b>                                  |    |   |   | TROOP/TEAM/BEAT<br><b>1</b>   |                               |  |                      | DEPARTMENT<br><b>Lincoln Police Department</b>                      |           |                         |                   | Photographs taken?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |    |       |   |                                     |   |  |
| INVESTIGATOR NAME (Print or Type)<br><b>Edward Simpson</b> |    |   |   |   |                               |  |                      | INVESTIGATOR SIGNATURE<br><b>Approved by Officer Edward Simpson</b> |           |                         |                   |   |    |       |   | DATE OF REPORT<br><b>05/20/2016</b> |   |  |